S. No. 2
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED MAR 1 4 1943

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 7 7901

Registration District No. 349 Primary Registration District No. 61-81-4514 Registrar's No. 349

105
0
0

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County Sullivan
(b) City or town Green City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community Life
years, months or days)

2. USUAL RESIDENCE OF DECEASED: 105

(a) State Mo (b) County Sullivan 0
(c) City or town Green City 0
(If outside city or town limits, write "RURAL")
(d) Street No.
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Mabel Stella Pfeiffer
3. (b) If veteran, name war ✓
3. (c) Social Security No. ✓
4. Sex F
5. Color or race W
6. (a) ~~Single, widowed~~, married, ~~divorced~~ M 1
6. (b) Name of husband or wife Ora Pfeiffer
6. (c) Age of husband or wife if alive 62 years
7. Birth date of deceased 3 (Month) 26 (Day) 1880 (Year)

8. AGE: Years	Months	Days	If less than one day
62	10	8	hr. min.

9. Birthplace Green Castle (City, town, or county) Mo. 0 (State or foreign country)
10. Usual occupation Housewife
11. Industry or business In home
FATHER
12. Name David Campbell
13. Birthplace Don't Know 9 (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Mary Matthews 9
15. Birthplace Don't Know 9 (City, town, or county) (State or foreign country)
16. (a) Informant Ora Pfeiffer
(b) Address Green City Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2 (Month) 6 (Day) 1943 (Year)
(c) Place: burial or cremation Mt Olivet Cem
18. (a) Signature of funeral director Glenn Ekent & Son
(b) Address Green City Mo.
19. (a) 3-1-43 (Date received local registrar) (b) Vinnie Davidson (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 4
year 1943 hour 7:30 minute A M.
21. I hereby certify that I attended the deceased from Jan 10, 1943 to Feb 4, 1943
that I last saw her alive on Feb 3, 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of Uterus — Duration unknown
Due to
Due to
Other conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

48b

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify)
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
(Specify type of place)
While at work? (e) Means of injury
23. Signature D. E. Schurr (M.D. or other)
Address Green City Mo. Date signed 2/4/1943

1213

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 10
District File Number 3-43-452
Date Filed MAR 8 1943

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by ....., Registered Apprentice No. ....., working under my personal supervision.

Signed Archie W. Wade

Licensed Embalmer No. 3037

P. O. Address Green City, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.